



COMMONWEALTH OF MASSACHUSETTS
ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

**Economic Development Incentive Program
SUPPLEMENTAL APPLICATION**

This application must be returned in electronic form to your MOBD Regional Director and a hardcopy with original signature(s) and attachments mailed to: Brenda Reynolds, EDIP Manager, MOBD, 10 Park Plaza, Suite 3730, Boston, MA 02116.

Please ensure that all required attachments are included prior to submitting to MOBD. Also, please refer to the EDIP checklist (Section 10) in the EDIP Guidelines for information on other required application materials www.mass.gov/dbd/edip.

All application materials must be submitted by the published deadlines. Incomplete applications will not be considered.

PART I. COMPANY INFORMATION				
Company Name				
Executive Officer/Company Designee	First Name		Last Name	
Contact (if different from above)	First Name		Last Name	Title
Email:				
Address				
		City	State	Zip
Phone		Fax		
FEIN				
Project Address and Municipality				
Date of Preliminary Application submission				

PART II. ECONOMIC DEVELOPMENT PROJECT	
Please complete in accordance with the project description submitted in the Preliminary Application (please highlight if changes have occurred).	
1. Please complete the attached spreadsheet (Job Creation and Workforce Analysis Sheet) to provide a job creation timeline, a broad description of job categories, and expected salary ranges for the jobs that will be created as part of the project.	Attached <input type="checkbox"/>
Additional Notes:	

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2. Provide documents that show and describe the applicant's employment levels for the past five years and please explain any fluctuations.	Attached <input type="checkbox"/>			
Additional Notes:				
3. Provide the facility's and company's projected total annual sales revenue for the next two years, separately distinguishing the sales revenue generated from outside of the Commonwealth.	Attached <input type="checkbox"/>			
Additional Notes:				
4. Please: (A) Complete the EDIP Project Investment Analysis, and (B) submit a detailed plan for the proposed project outlining the estimated timeline and key milestones.	Attached <input type="checkbox"/>			
Additional Notes:				
5. EDIP ITC Awards are made for specific years and when making an award, the EACC makes every effort to consider a company's ability to utilize the tax credits. The company may be required to carry forward the ITC taken on specific property to be used in another year. (Please refer to the Department of Revenue TIR 10-1Economic Development Incentive Program Credit for information on tax credit limitations). Please indicate the years in which an Investment Tax Credit can be utilized (including carry forward) and the amount.				
20	20	20	20	20
\$	\$	\$	\$	\$
Additional Notes:				
6. Provide information on all sources of funding that have been or will be sought to contribute towards the financing of the proposed expansion/relocation. Provide evidence (i.e. letters from bank/investors) that if "Certified Project" status is approved, the economic development				
Attached <input type="checkbox"/>				

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project will have adequate funding.	
Additional Notes:	
7. Indicate and describe any local banking relationship, including those with banks that participate in the Massachusetts Capital Access Program (MCAP) designed to commit a portion of the bank's deposits to fund loans to local businesses.	
Banking Relationship / MCAP:	

PART III: NAME(S) OF THE BUSINESS INTENDING TO TAKE ADVANTAGE OF THE TAX INCENTIVES

Business Name:	
FEIN #:	
Address:	
Contact Person:	
Email:	
Phone:	
Fax:	

Type of Organization (check that which applies):

- ☐ **Corporation:** ☐ For profit ☐ S Corp ☐ Non-profit
☐ **Business Trust**
☐ **Partnership:** ☐ General Partnership ☐ Limited Partnership
☐ **Individual**

- Level of Interest: ☐ EDIP-Investment Tax Credit
 ☐ 10% Abandoned Building Tax Deduction (if applicable)
 ☐ Local real estate tax incentive beneficiary (if applicable)

Business Name 2:	
FEIN #:	
Address:	
Contact Person:	
Email:	
Phone:	
Fax:	

Type of Organization (check that which applies):

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- ☐ **Corporation:** ☐ For profit ☐ S Corp ☐ Non-profit
☐ **Business Trust**
☐ **Partnership:** ☐ General Partnership ☐ Limited Partnership
☐ **Individual**

- Level of Interest: ☐ EDIP-Investment Tax Credit
 ☐ 10% Abandoned Building Tax Deduction (if applicable)
 ☐ Local real estate tax incentive beneficiary (if applicable)

***** If more than two businesses intending to take advantage of the tax incentives associated with this project, please attach the above information for all such businesses: Attached ☐**

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A - If a corporation, please list the names and addresses of the officers and directors of said corporation, and any person and/or corporation with a financial interest of five percent or greater in said corporation.

Name	Title	Corporate Address

B - If a partnership, please list the names and addresses of all partners, and include the proportionate share owned by each partner.

Name	Title	Corporate Address

C - If a business trust, please name all members and beneficiaries of said trust.

Name	Title	Corporate Address

PART IV. DISCLOSURES, AUTHORIZATIONS, & CERTIFICATIONS

1. Certificate of Good Standing - Provide proof of good tax standing in the Commonwealth of Massachusetts via a Massachusetts Department of Revenue Certificate of Good Standing for each of the businesses intending to take advantage of the state tax incentives.

**To obtain a Certificate of Good Standing go to
<https://wfb.dor.state.ma.us/webfile/Certificate/Public/WebForms/Welcome.aspx>**

Attached ☐

Additional Notes:

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2. Kindly disclose any pending litigation before the Commonwealth of Massachusetts, its agencies and its municipalities.	
Notes on Litigation:	
3. Provide proof of adhering to the Immigration and Nationality Act (i.e. letter from Human Resources outlining the verification and audit process).	Attached <input type="checkbox"/>
Additional Notes:	
4. Does the applicant have an Affirmative Action / Equal Employment Opportunity Plan or Statement? If yes, please attach. If no, please describe the business' hiring policies and practices.	Attached <input type="checkbox"/>
Additional Notes:	
5. Officers and/or Directors are responsible for application and consequent obligations if certification is approved. Provide documentation (e.g. a letter from the company's legal counsel or a resolution from the board of directors) specifically authorizing the signatories to complete this application on behalf of the company and to authorize the signatories to make the investment and job creation commitments on behalf of the company. Show signatories' reporting structure within the company.	Attached <input type="checkbox"/>
Additional Notes:	

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Authorization and Certification

I/We _____ (fill in name and title) of the applicant business applying for "Certified Project" status from the Commonwealth of Massachusetts, Economic Assistance Coordinating Council hereby certify that I/we have been authorized to file this application and to provide the information within and accompanying this application and that the information provided herein is true and complete and that it reflects the applicant's intentions for investment, job creation and sales. I/we understand that the information provided with this application will be relied upon by the Commonwealth in deciding whether to approve "Certified Project" status and that the Commonwealth reserves the right to take action against the applicant or any other beneficiary of the Certified Project if the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/we make this certification under the pains and penalties of perjury.

Signed:

Name	Title	Date
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Name	Title	Date
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Certification as to accuracy and Public Records Law acknowledgement:

The signatories hereby certify that the answers in this application and the documents submitted in support thereof are accurate and complete representations of the applicant. They also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).

Signed:

Name	Title	Date
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Name	Title	Date
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Reminder: Please return electronic application materials to your MOBD Regional Director and send an original hard copy to:

**Brenda Reynolds, EDIP Manager
Massachusetts Office of Business Development
Ten Park Plaza, Suite 3730
Boston, MA 02116**